



## United States Department of Interior

National Park Service  
Joshua Tree National Park  
74485 National Park Drive  
Twentynine Palms, CA 92277-3597

### PROCEDURES FOR OBTAINING AN INCIDENTAL BUSINESS PERMIT AT JOSHUA TREE NATIONAL PARK

1. Cost requirements for obtaining an Incidental Business Permit (IBP)

Complete and return the Application/Worksheet with \$465.00 for the following:

a. Application Cost:	\$120.00
<i>(Non-refundable upon receipt of application)</i>	
b. Administrative Cost:	\$195.00
<i>(Non-refundable upon processing of application)</i>	
c. Annual Incidental Monitoring/Management Cost:	\$150.00
TOTAL COST:	\$465.00

2. The following additional requirements are detailed in item # 10 of the application:

a. Certificate of Insurance: Insurance certificates must specify that the insurance company shall have no right of subrogation against the United States of America. The additional insured shall be named as follows:

U.S. Government  
Joshua Tree National Park  
74485 National Park Drive  
Twentynine Palms, CA 92277

- b. Operating Plan
- c. Promotional Literature
- d. Instructor Certifications
- e. Rock Climbing Accreditation or Certification

All the above are essential elements for processing an Incidental Business Permit. The Rock Climbing requirement, "e.", is only applicable for groups doing technical rock climbing.

3. Applicants obtaining an IBP will be responsible for knowing and abiding by those items listed in the Policy for Incidental Business Permittees and the General Guidelines: 5.2 Special Park Use Guideline of July 15, 2004.

4. The Joshua Tree National Park Monthly Use Report will be required of all IBP holders by the seventh day of the month following activity in the park.

5. Questions pertaining to the IBP permitting process may be directed to the Permits Coordinator at (760) 367-5545.

(Type or print in black ink the information requested.)

1. APPLICANT	2. ORGANIZATION
Name:	Name:
Street/P.O. Box:	Street/P.O. Box:
City/State/Zip:	City/State/Zip:
Phone:	Phone:
3. Email:	Fax:
4. Type of business conducted:	
5. Describe activity in detail:	
6. Describe support equipment associated with the activity: (generators, caterers, mechanized equipment, etc.)	
7. List dates, times and specific locations of event(s):	a.
b.	c.
d.	e.
8. Estimated number of people per visit:	Estimated number of annual visits:
9. Estimated annual gross receipts to be generated in the park: \$	
10. <b>The following materials must be received with this application before processing can be completed:</b>	
a. Certificate of Insurance: Minimum \$1,000,000 per occurrence; Additional Insured: U.S. Government; Certificate Holder: Joshua Tree National Park	
b. Operating Plan: Details of activities, Emergency Preparedness Plan, Contact Information, etc.	
c. Promotional Literature: Pamphlets, papers or brochures distributed to the public.	
d. Instructor Certificates: Copies (front & back) – First Aid and CPR (minimum)	
e. Rock Climbing: Proof of either AMGA or AEE Accreditation/Certification, or Letter of Intent	
f. Checks payable to <b>National Park Service</b> in the following amounts:	
1) Application/Administrative Costs:	\$315.00
2) Annual Incidental Monitoring Costs:	\$150.00
<b>NOTICE:</b> If a previous IBP was obtained by your company, that information becomes a part of the Joshua Tree National Park historic file system. <b>All materials must be submitted again for obtaining a new permit.</b>	
11. Name of person on location responsible for group's adherence to all terms and conditions of permit.	
Name:	Title:

Information provided will be used to determine whether a permit will be issued. Completed worksheet must be accompanied by checks or money orders as requested in item number 10.f. made payable to **National Park Service.**

Send application and requested materials to: Joshua Tree National Park  
Special Park Uses Department  
74485 National Park Drive  
Twentynine Palms, CA 92277

I hereby state that the above information given is complete and correct, and that no false or misleading information or false statements have been given. All estimates are reliable to the best of my knowledge and I have full authority to represent the applicant or group, and the project described above.

Name: (print) \_\_\_\_\_ Title: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

For Park Use

Reviewed/Approved _____	Title _____
Date _____	
Permit Issued Date _____	Permit Number _____
Permit Denied Date _____	
Bond Required _____	Insurance Required _____
Application Cost _____	Date Received _____
Administrative Cost _____	Date Received _____
Estimated Management Cost _____	Date Received _____
Monitoring Cost _____	Date Received _____
Land-use Cost _____	Date Received _____
Total Actual Cost _____	
Balance due/Refund _____	Date Received/Refunded _____